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GENERAL HEADQUARTERS UNITED STATES ARMY FORCES, PACIFIC OFFICE OF THE CHIEF SURGEON

APO 500 28 July 1945

Circular Letter No: 31

TRAINING PROCRAM FOR MEDICAL OFFICERS

The purpose of this circular is to provide a basis for the supplemental training of Medical Corps officers of all commands. The facilities and organization of this program is to be instituted by the Commanding General, United States Army Forces, Western Pacific.

2. APPLICATION . comparations: The bracket many of Drawing to

Where possible medical officers will be given an opportunity to pursue courses of instruction to be given in fixed hospitals, schools or laboratories. Preference should be given officers who desire and require special training in order to strengthen the medical service of their organizations. Priority will be given to officers of organizations scheduled to participate in early operations.

3. INSTRUCTION - Acurgail: Trearmogrow Arty pe WARTTERTO to

- a. Refresher course in fixed hospitals (available 1 August 1945). Officers designated for instruction in fixed hospitals will be assigned to routine duties in their respective specialties for practical experience. In addition officers assigned in the various hospitals will meet for regularly scheduled didactic lectures and group discussions. Officers who desire individual instruction will be given consideration insofar as limited opportunities permit. Training will be offered in the following subjects:
- (1) Anesthesia: Instruction will consist of practical experience in giving all types of anesthesia. Emphasis will also be placed on all aspects of resuscitation and supportive treatment.
- (2) FEN&T: Practical experience will be acquired in the wards, clinic and operating rooms. When special training is needed in opthalmology or otorhinolarynology instruction will be arranged to meet the need of the individual.
- (3) General Medicine: Officers will be given an opportunity to study all the clinical material available in teaching hospitals. Special instruction will be given in subjects in

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which medical officers may not have had ancopportunity to acquire practical experience. Among these will be the clinical, preventive medicine and laboratory aspects of diarrhoeal diseases, mite, louse and flea borne typhus, malaria, filariasis, Japanese B encephalitis, and schistosomiasis.

- (4) General Surgery: Instruction will consist of practical experience in the werds and in the operating room. Special emphasis will be placed on the fundamental principles of debridement, the treatment of shock and the application of plaster.
- (5) Laboratory: Officers will be instructed in the technical details of important laboratory procedures. Special emphasis will be placed on the copper sulphate method for determining the specific gravity of the blood, on the detection of parasites in blood and feces and on common serological techniques.
- (6) Orthopedic Surgery: The course will consist of instruction in the treatment of extremity wounds and fractures of the spine. Emphasis will be placed on debridement, plaster technique and suspension traction.
- (7) Psychiatry: Instruction will be available to both Junior Psychiatric Officers (D-3130) and General Medical Officers. Emphasis will be placed on minor psychiatric disorders and combat reactions. Practical experience will be acquired in the wards with the psychoneurotic syndrome and psychosomatic disorders.
- (8) Roentgenology: Instruction will be adapted to the need of the individual officer but with emphasis on field work.
- (9) Reconditioning: Instruction will be planned to prepare officers to supervise reconditioning programs for all classes of patients in hospitals.
- b. School in Tropical and Preventive Medicine. This school will give three (3) courses: One in tropical medicine, one in preventive medicine and on in rodent control. Officers will be assigned to one of these courses for a two (2) week period. Each course will consist of conferences, laboratory and field work. Only diseases which are of immediate military importance will be considered. The school will open about 1 September 1945. Details will be published later.

4. FACILITIES.

a. Certain hospitals, jas well as special schools and laboratories, will be designated from time to time by the Surgeon, United States Army Forces, Western Pacific, at which the designated courses of instruction will be conducted. Consideration will be given

to the availability of instructors, clinical material and facilities for billeting student officers.

b. Commanding Officers of hospitals, schools and laboratories should insure that all instructional facilities are made available. Where the number of officers seeking instruction in any one specialty warrants, the regular hospital moutine will be supplemented by didactic lectures, clinical conferences and regular informal discussions. Student officers may be assigned to regular ward duties in their specialty. Free use should be made of all available teaching talent, library facilities and training aids.

5. ADMINISTRATIVE PROCEDURE.

a. Application for special training as outlined in paragraph 3a should be made through channels to the Surgeon, AFWESPAC. When the number of applicants exceeds the facilities available for training a priority will be established according to the exigency of the tactical situation. The application of those officers whose training must be deferred will be placed on file and the command will be notified when a vacancy in the training schedule occurs.

b. Officers designated to take any course will be placed on detached service by appropriate commanders for a minimum period ofsix (6) weeks.

c. Where replacements are necessary, officers may be ordered from the hospitals to the field units on a detached service status.

6. CONTINUOUS TRAINING FOR ALL MEDICAL OFFICERS.

In addition to the specific courses listed in paragraph 3a above, it is desired that continuous instruction be made available to all Medical Corps officers as follows:

- a. Bi-monthly medical meetings held in rotation at hospitals within each base. The program for these meetings should be designed to keep officers abreast ofmedical developments within their respective fields.
- b. The publication and widest possible distribution of programs for the bi-monthly meetings, and also for the special courses listed in paragraph 3a should be insured.
- c. Every effort will be made to improve the quality of all instruction by utilization of planned discussions and demonstrations. Collaboration with medical units of the United States Navy and Allied Forces will be encouraged.

Distribution B (MD)

By courier to major command, section and base surgeons. By mail to all other surgeons and 3 units concerned with the care of patients.

GUY B. DENIT,
Brigadier General, USA
Chief Surgeon

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Chief Surgeon

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